I. Introduction

WHO engages with partners in the NCDnet Working Group on Innovative Resourcing to identify the appropriate resources to help developing countries in adapting objectives 2, 3 and 6 of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs (NCD Action Plan) to their national context and to implement national policies and plans for the prevention and control of NCDs.

The NCDnet Working Group in Innovative Resourcing will contribute to the goals of the network and to the implementation of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases by identifying short- and longer-term routes to resourcing the implementation of its relevant objectives. Proposed actions from the NCD Action Plan for international partners, under each of the relevant objectives, include the following:

- **Objective 2 of the NCD Action Plan:** To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases

  **Proposed actions** for international partners in support of objective 2:
  - Support the development and strengthening of international, regional and national alliances, networks and partnerships in order to support countries in mobilizing resources, building effective national programmes and strengthening health systems so that they can meet the growing challenges posed by NCDs
  - Support implementation of intervention projects, exchange of experience among stakeholders, and regional and international capacity-building programmes

- **Objective 3 of the NCD Action Plan:** To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

  **Proposed actions** for international partners in support of objective 3:
  - Provide support for and participate in the development and implementation of technical guidance and tools in order to reduce the main shared modifiable risk factors for NCDs

- **Objective 6 of the NCD Action Plan:** To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels.

  **Proposed actions** for international partners in support of objective 6:
  - Work collaboratively and provide support for the actions set out for Member States and the WHO Secretariat in monitoring and evaluating, at the regional and global levels, progress in prevention and control of NCDs.
  - Mobilize resources to support the system for regional and global monitoring and evaluation of progress in the prevention and control of NCDs
This background paper lays out proposed priority work areas for preparation and discussion by the NCDnet Working Group on Innovative Resourcing for 2010 and beyond, and highlights a few operational issues to discuss at the review session of the Working Group during the first NCD Global Forum (Geneva, 24 February 2010).

Overview of the current resourcing situation:

At national levels, most Ministries of Health in developing countries are building commitment to NCDs. However, many are facing challenges that could be addressed by better or more resourcing. For example:

- Many efforts are limited to a narrow focus or a stand-alone pilot and face difficulty scaling up due to insufficient technical assistance and/or limited health budgets.
- While some Ministries have been able to work towards mainstreaming/integrating the prevention and control of NCDs into national health development plans, many are still missing comprehensive programmes covering the three components of surveillance, primary prevention and health care, with the effective involvement of sectors outside health.
- Many countries are unable to scale up action in NCDs because of a lack of sustained government-wide commitment to intersectoral action.

At international level, the resourcing picture for NCDs is at best mixed. On the one hand, there have been significant commitments. For example, in 2008 the Bill & Melinda Gates Foundation and Bloomberg Philanthropies committed US$500 million to help countries improve tobacco control. World Bank lending between 1995 and 2005 has been more than US$300 million to NCDs and injuries, and in 2007, the US Millennium Challenge Corporation committed US$17 million to strengthen a national programme in Mongolia for the prevention, early diagnosis and management of NCDs. On the other hand, regional efforts have been imbalanced with limited, if any, lending to the Africa Region or the Middle East and North Africa Regions. The level of ODA commitment to NCDs is unknown as OECD/DAC has not established a Creditor Reporting System Code (but preliminary estimates point to 1-2% of total ODA), and most international development agencies find it difficult to support NCDs because they are not included in the Millennium Development Goals.

II. Proposed goal, scope, principles, and methods of work

The overall goal of the Working Group on Innovative Resourcing is to advise how NCDnet can help developing countries secure the resources needed to implement the NCD Action Plan, both in the short term and in the medium-long term.

Consequently, the scope of this Working Group includes identifying approaches, products and arrangements, including cost-effectiveness and affordability analyses, to:

**At national levels:**

- Improve the efficiency of existing resources by integrating the prevention and control of NCDs into ongoing health development initiatives and ensuring that the provision of health care for NCDs is dealt with in the context of overall health system strengthening.
- Increase resources by identifying new domestic sources (e.g. earmarking of tobacco and alcohol taxes) within countries’ budget and fiscal frameworks.

**At the global level:**

- Integrate NCDs into ongoing global dialogues on innovative financing mechanisms, including proposed international financing for health systems (e.g. solidarity levies on tobacco, integrated health systems platform).
- Create NCD-specific new innovative resourcing mechanisms at the global level where these are determined to be the most effective approach (e.g. Trust Funds, Grant Facilities, Financing Facilities, Tobacco Cessation Consortium).
The Working Group’s efforts are guided by 5 principles:

- Country-driven, based on country needs and constraints.
- Broad scope, covering full range of resourcing options, as per above scope.
- Short- and long-term perspective, driving for both quick and more sustained impact, given the long-term challenge of global scale-up, but also short-term opportunities.
- Grounded in lessons learned from previous innovative resourcing efforts, in particular successful resourcing mechanisms must be tailored to specific interventions.
- Actions are planned and coordinated under the umbrella of the NCD Action Plan, endorsed by the World Health Assembly.

Proposals developed within the Working Group will be further assessed by the WHO NCDnet International Advisory Council and WHO for prioritization and to ensure maximum coordination with other related work streams.

III. Specific objectives and activities

Given the scope and principles, the specific objectives and expected outcomes of the Working Group are to provide the following advice, as follows (to be debated and refined in the Working Group session):

<table>
<thead>
<tr>
<th>Specific objective:</th>
<th>Expected outcome:</th>
<th>When:</th>
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<tr>
<td>Needs and constraints analysis: Identify ways to finance country-led (situation and response/readiness/needs and constraints) analyses in up to 12 developing countries in 2010, and more in 2011 and in 2012, of their readiness to act at scale (to halt and begin to reverse premature deaths from NCDs) by (i) assessing existing gaps and constraints; (ii) identifying opportunities to integrate NCD-related actions into existing health development initiatives; and (iii) developing a national plan based on the six objectives of the NCD Action Plan with recommendations to guide international assistance and investments.</td>
<td>Project proposal that explains: - How the work will be done - What funding is required. Current estimates suggest US$1-2 million to develop the approach and US $150-200,000 per country analysis (i.e. ~US$1.8-2.4 million for 12 countries in 2010).</td>
<td>March 2010</td>
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<td>Best buys (a): Identify ways to finance the piloting/show casing/replicating of successful approaches to establishing health promotion/prevention &quot;foundations&quot; coupled to alcohol and tobacco taxes, starting in 3-6 developing countries in 2010.</td>
<td>WHO Expert Group Meeting on successful approaches, followed by a project proposal that explains: - How the work will be done - What funding is required. Current estimates suggest ~US$ 1 million per country, i.e. ~US$ 3-6 million for 3-6 countries in 2010.</td>
<td>May 2010</td>
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<td>Best buys (b): Identify ways to finance the piloting/show casing of the implementation of the WHO PEN package of essential primary care interventions, starting in 6 developing countries in 2010.</td>
<td>WHO Expert Group Meeting on innovative financing of NCD health care interventions followed by a project proposal.</td>
<td>June 2010</td>
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<td>Global resourcing needs: Estimate global resourcing needs for full scale-up of WHO NCD prevention and control packages in 144 developing countries.</td>
<td>First Working Group working paper drafted on the global resourcing needs to address NCDs in 144 developing countries. Updated working papers with fine-tuned estimates drafted on a yearly basis.</td>
<td>Jan 2011</td>
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4 **Mechanisms for resource needs:** Recommend ways to consolidate, harmonize and scale up international assistance and investments in NCDs by (i) recommending short-term approaches for conducting donor forums in 2010 and 2011; (ii) identifying medium-term opportunities to identify funds within existing global health initiatives in 2010; (3) conducting a feasibility study on the establishment of global NCD Fund of Fund(s) in 2011.

Opportunities identified to brief high-level policy makers on the preliminary outcomes of the analyses, and approaches identified and recommended at regular NCD donor meetings and conferences in June 2010, October 2010, March 2011 and September 2011.

| June 2010 |

5 **Baseline:** Recommend a 2007 baseline related to the status of ODA-commitments for NCDs in order to allow tracking of their future progress, and identify (long-term) ways to secure an OECD/DAC Creditor Reporting System Code for NCDs.

First Working Group working paper drafted with recommendations on a 2007 baseline of ODA-commitments to NCDs. A second Working Group working paper drafted with recommendations on ways to secure an OECD/DAC Creditor Reporting System Code for NCDs is established by 2011.

| May 2010 |

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1 - **Needs and constraints analysis**

'Situation and response analysis', 'readiness analysis', or 'needs and constraints analysis' is a common and proven practice for assessing where investing resources is likely to give the greater return. However, an analysis of readiness to act (to halt and begin to reverse premature deaths from NCDs) has not yet been developed across developing countries in the area of NCDs.

The objective of the proposed analyses in developing countries is to understand where and how to invest in order to halt and begin to reverse premature deaths from NCDs.

There is a reasonable body of work and experience accumulated within WHO, the World Bank and other international partners on what the components of such an analysis should be. These analyses will be conducted at the political, systemic and health intervention level and include identification of:

- **Political levels/enabling environment/demand-side catalysing change incentives:**
  - Capacity constraints and opportunities to raise the priority accorded to NCDs.
  - Capacity constraints and opportunities to develop a national multisectoral framework for the prevention and control of NCDs (with the effective involvement of sectors outside health).
  - Capacity constraints and opportunities to integrate the prevention and control of NCDs into the national health development plan, IHP+ Country Compacts, WHO Country Cooperation Strategies, World Bank Country Partnership Strategy, UN Development Assistance Framework, etc.
  - Capacity constraints and opportunities to seek assistance (through grants, credits and loans and expertise) from international partners for the prevention and control of NCDs.

- **Systemic levels/organizational levels/demand-side incentives:**
  - Capacity constraints and opportunities to establish national intersectoral policies and plans to prevent and control NCDs at short-term and long-term horizon.
  - Capacity constraints and opportunities to ensure that the provision of health care for NCDs is dealt with in the context of overall national health system strengthening approaches.

- **Health intervention levels/NCD thematic levels/supply-side incentives:**
  - Capacity constraints and opportunities to adapt WHO packages for the prevention and control of NCDs to national context, and promote and monitor their implementation, including:
    - WHO FCTC measures, including the MPOWER measures.
WHO Global Strategy on Diet, Physical Activity and Health (DPAS) recommendations.
WHO developed primary care essential NCD interventions (PEN).

At national levels, conducting these analyses will function as an evidence-based advocacy tool in itself, create and strengthen national advocates, increase buy-in of whole-of-government approaches across all government departments, and raise awareness among international development partners with a presence in the country concerned. At the global level, conducting these analyses in a number of developing countries will allow international development partners to better understand and document the country-specific resourcing requirements and to help developing countries in defining the appropriate resourcing mechanisms for those needs.

Proposed activities of the Working Group include:
- Recommend a set of criteria to identify priority developing countries based on a set of indicators (e.g. NCD burden of premature deaths, readiness to act, opportunities to maximize returns on investment, interest in engaging).
- Recommend the broad outlines of a project proposal(s) for needs constraints and analysis.
- Recommend ways to rally potential donors around project proposals at donor forums (please refer to paragraph 4).

The broad outlines of a project proposal will include recommendations on:
- Need and rationale, goals and objectives, project description and implementation, products and deliverables, cost and resources, monitoring and milestones, and sustainability.
- A robust analytic approach to conduct these analyses, building on the existing approaches and activities of WHO, World Bank, and other NCDnet partners (e.g. national NCD capacity assessment, WHO NCD country framework and intervention packages, health systems audit).
- Detailed steps on ways to conduct these analyses (e.g. a combination of interviews, data analysis, stakeholder discussions, etc.).
- Ways to perform a cross-country synthesis to identify needs/constraints that are common to many countries, and the subset where there is a clear need for more resourcing.
- Ways to identify resourcing options for these, and re-engage with countries and with global stakeholders (via conferences and reports and focused discussions) to determine the best options.
- Implementation arrangements.

2 - Resourcing of affordable "best buy" high-impact interventions

NCD interventions are sometimes perceived to be expensive or not very cost-effective relative to other types of health interventions such as vaccination, and this perception can often be a barrier to giving a high priority to NCDs in development work at global and national levels. In reality, significant work has already been done on the cost-effectiveness and affordability of many NCD intervention packages (e.g. by WHO CHOICE, DCP2 and OECD Cost-effectiveness Analysis of diet and physical activity interventions), and the analysis shows that there are very cost-effective and affordable options for any country, including low-income countries, including:
- Excise tax on tobacco products, smoke-free workplaces, packaging and labelling and awareness campaigns, comprehensive ad bans, and other tobacco control measures.
- Excise tax on alcoholic beverages.
- Reducing salt intake.
- Reducing trans fatty acids.
- Restricting availability of energy dense foods and high calorie non-alcoholic beverages.
- Increasing availability of healthier foods including fruits and vegetables.
- Responsible marketing to reduce impact of unhealthy foods to children.
- Providing simple, clear and consistent food labels that are consumer friendly.
- Making physical activity accessible.
- Primary care interventions such as the PEN package of essential NCD interventions, including hypertension control, among others.
The successful approaches to prevention of the main shared modifiable risk factors for NCDs which the Thai Health Promotion Foundation has demonstrated, help countries to identify their own best options, given their unique context, and implement similar approaches. This establishment of health promotion foundations or units linked to earmarking of taxes for tobacco and alcohol can be highly effective for mobilizing resources to support the implementation of national policies and plans for the prevention and control of NCDs. However, replicating these successful approaches within the national context requires support aid and technical support.

However, the adaptation to national context and the uptake of implementation of these affordable, cost-effective options is not as widespread. NCDnet can have significant short-term impact by identifying ways to scale up the mobilization of resources required to implement highly cost-effective, high-impact “best buy” interventions, starting with 6 pilot countries in 2010.

Proposed activities of the Working Group include:
- Recommend a set of criteria to identify priority developing countries based on a set of indicators (e.g. NCD burden of premature deaths, readiness to act, opportunities to maximize returns on investment, interest in engaging).
- Recommend the broad outlines of two project proposals.
- Communicate technical contents and financial requirements associated with both proposals.
- Identify opportunities to establish a "seed fund" or "small grants window" to promote the replication of these successful approaches in other countries.

The broad outlines of a project proposal will include recommendations on:
- Need and rationale, goals and objectives, project description and implementation, products and deliverables, cost and resources, monitoring and milestones, and sustainability.
- Analysing the Thai Health model and similar successful efforts to distil out the “must have” elements of the model versus the “context-dependent” elements.
- Feasibility of replicating a Health Promotion Fund model as a successful approach.
- Model costs of preparation, start-up, and launch of such a fund, and calculate total “seed funding” needed.
- Feasibility study on the establishment of a “seed fund”.
- A specific set of technical and financial recommendations associated with the PEN package based on input from health economists and WHO technical units.

3 - Estimation of global resourcing needs for full scale-up of NCD packages

While the above two work streams will provide insight into country needs/constraints and promote the implementation of successful approaches to help countries to address health financing issues related to NCDs, it is also important in the long-term to have a fact-based estimate of the global resourcing needs to address NCDs in 144 developing countries. This will help both countries and international development partners with their medium- to long-term financial planning for NCDs, provide greater clarity on the specific NCD packages that will need more resourcing, assess as to whether new funding mechanisms would need to be established, and inform the discussions on the integration of NCD funding into the global funding architecture.

Proposed activities of the Working Group include:
- Provide a preliminary, fact-based estimate (or range of estimates) in January 2011 of the global resourcing needs for full scale-up on NCD packages in 144 developing countries (based on WHO recommended NCD intervention packages).
- Lay out the work required to further refine this estimate in 2012 and 2013.

The main approaches will include:
- Identify relevant experts (e.g. in health system financing) to devise an appropriate and efficient approach for estimating resource needs.
- Recommend coordination approaches for conducting analyses, with a view to minimizing duplication at all levels.
Recommend nature and choice of pilots in a few countries and for a few packages globally.

Roll out approach across all NCD packages globally.

Conduct analysis and prepare estimate report for discussion with NCDnet and global funding partners.

4 - Mechanisms for resource needs

Over the past few years, the rapid increase in overall development aid and the growing importance of health on the development agenda has also implied a significant increase in development assistance for health. Between 1990 and 2007, ODA commitments to health quadrupled in volume from US$ 5.6 billion to US$ 21.8 billion. It has also increased in percentage of total ODA (about 8% in 2007, from 5.3% in the early 1980s). Despite a significant growth of ODA commitments to health from 4.6% in 1990 to 15% in 2004, the share of health in overall ODA stayed flat at 13% between 2001 and 2006.

The health aid architecture is becoming increasingly complex with more than 90 global health partnerships. Two new and large channels of resource transfer, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunization (GAVI), constituted 12.5% of ODA commitments to health in 2007. Additional growth since then has been seen through innovative financing mechanisms, including UNITAID, International Financing Facility for Immunizations, the Advanced Market Commitment, Affordable Medicines Facility - malaria, and Debt2Health.

There have been two additional important shifts in the funding landscape recently. The first shift was the growth of decentralized cooperation, with many bilateral and some multilateral donors transferring funding decisions to country level offices. The next step was in the context of UN reform at country level, with the growth of multi-donor trust funds which were conceived as instruments to support the "Delivering as One" process, with some agencies seeing multi-donor trust funds (MDTFS) as a mechanism to promote pooling of country-level mobilized resources to fill the UN Development Assistance (UNDAF) gap. Global health initiatives such as the GFATM and GAVI made a further contribution to a changing landscape of funding at country level.

In addition, the prevalence of NCDs is not included in the MDGs. Against this global health and development architecture, policy makers in developing countries are challenged to work with international financiers, bilateral agencies and with foundations to address the financing needs of NCD prevention and control within countries' budget frameworks.

Proposed activities of the Working Group include:
- Identify mechanisms/strategies to provide a small number of selected developing countries with short-term donor finance to conduct needs and constrains analyses (activity 1) and implementation of affordable "best buy" high-impact interventions (activity 2) by mobilizing funds to jump-start activities by July 2010.
- Identify mechanisms to provide a number of developing countries with medium-term donor finance to implement the recommendations of the NCD Action Plan.

The main approaches will include:
- Consider recommending WHO and/or other international partners to rally international development partners around project proposals at NCD donor meetings and conferences in June 2010, October 2010, March 2011 and September 2011. Other modalities to raise funds to finance activities related to conduct needs and constraints analyses (activity 1) and implement affordable "best buy" high-impact interventions (activity 2), which the Working Group may wish to consider include mechanisms involving country-level resource mobilization, engaging with international philanthropic foundations, private sector, online fundraising, donations from wealthy individuals, UN Agencies, Global Health Initiatives and Partnerships and organizing mass supporter campaigns.
Conduct a feasibility study on the establishment of a Global NCD Fund/Financing Facility/Funds of All Funds by January 2011.

5 - Establishing a baseline on ODA commitments to NCDs

As indicated in the introduction, the exact amount of ODA-commitments to NCDs is unknown, as OECD/DAC has not established a Creditor Reporting System Code to track commitments for the prevention and control of NCDs in developing countries. Current ad-hoc estimates on ODA commitments to NCDs in 2007 (provided by external partners and not peer reviewed by OECD or WHO) range between 1-2% of total health ODA-commitments.

Proposed activities of the Working Group include:
- In order to establish a baseline on ODA-commitments to NCDs, it is suggested that the Working Group identifies an accurate estimate of ODA-commitments to NCDs, based on analysis of data obtained via online queries of the OECD Development Assistance Committee (DAC) Database and Creditor Reporting System (CRS).
- In order to ensure that ODA-commitments to NCDs is tracked starting in 2011, it is suggested that the Working Group identifies a plan to assist WHO in ensuring that an OECD/DAC Creditor Reporting System Code for NCDs is established.

The main approaches will include:
- Drafting a Working Group paper, documenting a baseline.
- Drafting a Working Group paper, documenting the business case to establish an OECD/DAC Creditor Reporting System code for NCDs, including a roadmap to ensure that the code is established before 2011.

IV. Suggested issues to discuss

During the Working Group break out session, it is suggested to discuss the following issues:
- Confirm high-level approach laid out above, debate the specifics, and revise to reflect the shared view.
- Agree on NCDnet contributors for each of the three work streams, donor mechanisms, and baseline, with a view to how to take this work forward.
Acknowledgements

This background paper for discussion was compiled with the input, support and assistance from the participants of the NCDnet Working Group on Innovative Resourcing and staff across WHO. This paper does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this paper.

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